



STATE OF DELAWARE
OFFICE OF PENSIONS

PRIORITY OF ELIGIBLE
SURVIVORS

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Name: _____ Pension ID: _____

In accordance with Title 11 Del. C. §8351(13) or §8801(14) or Title 29 Del. C. §5528(d), §5614(d), §5578(c) for survivor pension purposes, I would like to change the order of priority of eligible survivors as follows:

Name	Date of Birth	Relationship

*Survivor may be *one* of the following:

- Surviving spouse
- Unmarried child or children either under age 18 or between the ages of 18 to 22, and attending school on a full-time basis, or over age 18 but permanently disabled as a result of a disability which began before the child attained age 18 and documented as set forth in the **Note**.
- Dependent parent who was receiving one-half of his or her support from you at the time of your death

Note: If you designate a disabled child, please attach physician's medical documentation and a copy of the child's birth certificate. If there are eligible children who are not disabled, indicate name of child(ren) and date(s) of birth. If a spouse, indicate name and date of birth. If you wish to list more than three eligible survivors, please complete an additional form.

X _____
SIGNATURE

X _____
TELEPHONE NUMBER

For Use by Notary Public Only

Sworn to and subscribed before me this _____ day of

_____, 20_____.

Signature of Notary Public

Place Notary Stamp Here

My Commission Expires: